

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>1/6/06</u>		2 Serial/Patent # <u>6/49/65</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
<input checked="" type="checkbox"/>	Maintenance			\$ <u>450.</u>
	Assignment			\$
<input checked="" type="checkbox"/>	Other			\$ <u>65.</u>
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <i>Credit Card</i> </div>		7 TOTAL AMOUNT OF REFUND		\$ <u>515.</u>
10 REASON:		8 TO BE REFUNDED BY:		
<div style="border: 1px solid black; padding: 5px;"> Overpayment Duplicate Payment <input checked="" type="checkbox"/> No Fee Due (Explanation): <u>Petitioner did not respond to the JUNE 30, 2005 decision.</u> </div>		<div style="border: 1px solid black; padding: 5px;"> Treasury Check <u>CC</u> Credit Deposit A/C #: 9 </div>		
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Irvin Dingle</u>		TITLE: <u>PARALEgal</u>		
SIGNATURE: <u>[Signature]</u>		PHONE: <u>(871) 272-3210</u>		
OFFICE: <u>Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>		DATE: <u>1/9/06</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: